

REPORT AS TO CONTINUED INDIGENCY

(in support of motion or request that the court exercise discretion not to award costs on appeal)

Please fill out this report to the best of your ability. While you are not required to answer all of the questions, complete information will help the court determine whether to deny costs on appeal to the State, should it prevail.

I, _____ certify as follows:

1. That I own:

- () a. No real property
- () b. Real property valued at \$_____.
- () c. Real property valued at \$_____, on which I am making monthly payments of \$_____ for the next _____ months/years (circle one).

2. That I own:

- () a. No personal property other than my personal effects
- () b. Personal property (automobile, money, inmate account, motors, tools, etc.) valued at \$_____.
- () c. Personal property valued at \$_____, on which I am making monthly payments of \$_____ for the next _____ months/years (circle one).

3. That I have the following income:

- () a. No income from any source.
- () b. Income from employment: \$_____ per month.
- () b. Income of \$_____ per month from the following public benefits:

- Basic Food (SNAP) SSI Medicaid Pregnant Women Assistance Benefits
- Poverty-Related Veterans' Benefits Temporary Assistance for Needy Families
- Refugee Settlement Benefits Aged, Blind or Disabled Assistance Program
- Other: _____

4. That I have:

- () a. The following debts outstanding: Approximate amount owed:
- Credit cards, personal loans, or other installment debt: \$_____
- Legal financial obligations (LFOs): \$_____
- Medical care debt: \$_____
- Child support arrears: \$_____
- Other debt: \$_____

Approximate total monthly debt payments: \$ _____

() b. No debts.

5. That I am without other means to pay costs if the State prevails on appeal and desire that the court exercise discretion to deny costs.

6. That I can pay the following amount toward costs if awarded to the State:
\$ _____.

7. That I am _____ years of age at the time of this declaration.

8. That the highest level of education I have completed is: _____.

9. That I have held the following jobs over the past 3 years:

Employer/job title	Hours per week	Pay per week	Months at job

10. That I have received the following job training over the past three years: _____

11. That I have the following mental or physical disabilities that may interfere with my ability to secure future employment: _____
_____.

12. That I am financially responsible for the following dependents (children, spouse, parent, etc.):

_____.

I, _____, certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and Place

Signature of (Defendant) (Respondent) (Petitioner)